

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11/17/03.

I. DISPUTE

Whether there should be additional reimbursement for E0781, E0236, E1399 and L3670.

II. FINDINGS

The respondent reduced payment for the DME items based on “M- Reduced to Fair & reasonable” and “N14 – Not Documented. The services/equipment as billed require a physician’s order/prescription for consideration of reimbursement”.

III. RATIONALE

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
01/20/03	E0781	\$485.00	\$270.00	M	DOP	The 1996 MFG General Instructions GR III Durable Medical Equipment GR VIII & IX Section 413.011 (b)	The requestor provided redacted EOBs from insurance carriers that support amount billed was fair and reasonable. The redacted EOBs support a need for a change in the reimbursement. Additional reimbursement in the amount of \$215.00 is recommended.
	E0236	\$494.00	\$61.75	M	DOP		The requestor provided redacted EOBs from insurance carriers that support amount billed was fair and reasonable. The redacted EOBs support a need for a change in the reimbursement. Additional reimbursement in the amount of \$432.25 is recommended.
	E1399	\$75.00	\$18.33	N14	DOP	The 1996 MFG Durable Medical Equipment Ground Rule II, IV & IX (A)	The requestor provided a prescription and certification of medical necessity for durable medical equipment signed by _____. Additional reimbursement in the amount of \$56.67 is recommended.
01/20/03	L3670	\$450.00	\$90.69	M	DOP	The 1996 MFG General Instructions GR III Durable Medical Equipment GR VIII & IX Section 413.011 (b)	The requestor provided redacted EOBs from insurance carriers that support amount billed was fair and reasonable. The redacted EOBs support a need for a change in the reimbursement. Additional reimbursement in the amount of \$359.31 is recommended.

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
Totals		\$1,504.00	\$440.77				The Requestor is entitled to reimbursement of \$1,063.23 .

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement in the amount of **\$1,063.23**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1,063.23** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 14th day of May 2004.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

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